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|    | 1. Are you presently employed? Yes No  |
|----|--|
| 23 | If your answer is "yes," state both your gross and net salary or wages per month, and give the |
| 24 | name and address of your employer:   |
| 25 | Gross: Net:  |
| 26 | Employer:  |

If the answer is "no," state the date of last employment and the amount of the gross and net salary

| 1  | and wages per month which you received.  |   |               |                            |  |
|----|--|---|---------------|----------------------------|--|
| 2  | 7  | 6k+ AFTER EXPENSES                            | 1614          | revenues                   |  |
| 3  |  | 6K+ AMEN (XAGNUE)                             |               |                            |  |
| 4  |  | •   |               |                            |  |
| 5  | 2. Have  | e you received, within the past twelve (12) r | nonths, any   | money from any of the      |  |
| 6  | following so   | ources:                                       |               |                            |  |
| 7  | a.   | Business, Profession or                       | Yes           | _ No                       |  |
| 8  |  | self employment?                              |               |                            |  |
| 9  | b.   | Income from stocks, bonds,                    | Yes           | No L                       |  |
| 10 |  | or royalties?                                 |               |                            |  |
| 11 | c.   | Rent payments?                                | Yes           | _ No                       |  |
| 12 | d.   | Pensions, annuities, or                       | Yes           | _ No                       |  |
| 13 | (-   | life insurance payments?                      |               |                            |  |
| 14 | e.   | Federal or State welfare payments,            | Yes           | _ No <u> </u>              |  |
| 15 |  | Social Security or other govern-              |               |                            |  |
| 16 |  | ment source?                                  |               |                            |  |
| 17 | If the answer is "yes" to any of the above, describe each source of money and state the amount |   |               |                            |  |
| 18 | received from each.  |   |               |                            |  |
| 19 |  | FA  |               |                            |  |
| 20 |  |   |               |                            |  |
| 21 | 3. Are   | you married?                                  | Yes           | _ No                       |  |
| 22 | Spouse's Full Name:  |   |               |                            |  |
| 23 | Spouse's Place of Employment:  |   |               |                            |  |
| 24 | Spouse's Monthly Salary, Wages or Income:  |   |               |                            |  |
| 25 | Gross \$   | Net \$  |               |                            |  |
| 26 | 4. a.  | List amount you contribute to your spous      | se's support: | \$                         |  |
| 27 | b.   | List the persons other than your spouse v     | who are depe  | ndent upon you for support |  |
| 28 |  | and indicate how much you contribute to       | oward their s | upport. (NOTE: For minor   |  |
|    |  |   |               |                            |  |

| 1  | children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)                      |
|----|--|
| 2  |  |
| 3  |  |
| 4  | 5. Do you own or are you buying a home? Yes No   |
| 5  | Estimated Market Value: \$ Amount of Mortgage: \$  |
| 6  | 6. Do you own an automobile? Yes No  |
| 7  | Make Year Model  |
| 8  | Make Year Model   Is it financed? Yes No If so, Total due: \$                                  |
| 9  | Monthly Payment: \$  |
| 10 | 7. Do you have a bank account? Yes No (Do <u>not</u> include account numbers.)                 |
| 11 | Name(s) and address(es) of bank:   |
| 12 |  |
| 13 | Present balance(s): \$   |
| 14 | Do you own any cash? Yes No Amount: \$ 37. —   |
| 15 | Do you have any other assets? (If "yes," provide a description of each asset and its estimated |
| 16 | market value.)   |
| 17 | 1 gitan + 1 phone ~200 total   |
| 18 | 8. What are your monthly expenses?   |
| 19 | Rent: \$ NIA (hondess) Utilities: go (cell)  |
| 20 | Food: \$ 360 Clothing:   |
| 21 | Charge Accounts: That I percike  |
| 22 | Name of Account Monthly Payment Total Owed on This Account                                     |
| 23 | \$\$\$   |
| 24 | \$\$   |
| 25 | \$\$   |
| 26 | 9. Do you have any other debts? (List current obligations, indicating amounts and to whom      |
| 27 | they are payable. Do <u>not</u> include account numbers.)                                      |
| 28 | I have about \$15 in. (Kon of pidgenest)   |
|    | Jagener)-  |

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| 1  |   |  |  |  |  |
|----|---|--|--|--|--|
| 2  | 10. Does the complaint which you are seeking to file raise claims that have been presented in       |  |  |  |  |
| 3  | other lawsuits? Yes No  |  |  |  |  |
| 4  | Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in    |  |  |  |  |
| 5  | which they were filed.  |  |  |  |  |
| 6  |   |  |  |  |  |
| 7  |   |  |  |  |  |
| 8  | I declare under the penalty of perjury that the foregoing is true and correct and understand that a |  |  |  |  |
| 9  | false statement herein may result in the dismissal of my claims.                                    |  |  |  |  |
| 10 | $\sim 11.6$   |  |  |  |  |
| 11 | [olivirol" Cley   |  |  |  |  |
| 12 | DATE SIGNATURE OF APPLICANT   |  |  |  |  |
| 13 |   |  |  |  |  |
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